

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE  
MIDDLE DIVISION AT NASHVILLE

RECEIVED  
IN CLERK'S OFFICE

OCT 24 2016

U.S. DISTRICT COURT  
MID. DIST. TENN.

Morris Rucker,  
Plaintiff

§

vs.

§

Civil Action No.: \_\_\_\_\_

Cherry Lindamood, Warden, et al  
SCCC Nurse Franks, Jane Doe Nurses,  
Centennial Med. Ctr Employees,  
Dr. Ron Wilson,  
Corizion Med Services  
Defendants

§

§

§

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COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C. 1983

MOTION FOR SUBPOENA DUES TECUM PRODUCTION OF MEDICAL RECORDS

UNIFORM CIVIL AFFIDAVIT OF INDIGENCY

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I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in State or Federal Court dealing with the same facts involved in this action or otherwise relating to your imprisonment? **NO**

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to previous lawsuit:  
Plaintiff(s): N/A  
Defendant: N/A
2. Court (If federal Court, name the district Court; If State Court, name the County.):N/A
3. Docket Number: N/A
4. Name of judge to whom case was assigned: N/A
5. Disposition, Was the case dismissed? appealed? Is it still pending or result of the previous lawsuit? For example, was it dismissed, appealed, or still pending? N/A
6. Approximate date of filing lawsuit: N/A
7. Approximate date of disposition: N/A

**II. PLACE OF PRESENT CONFINEMENT:**

- A. Is there a prisoner grievance procedure in the institution? Yes
- B. Did you present the facts relating to your complaint in the State prisoner grievance procedure? Yes
- C. If your answer is yes:
1. What steps did you take? See **Appendix A, Exhibit 1.**
  2. What was the result? **No response from SCCC Health Services Administrator, or Commissioner of Corrections**
- D. If your answer is no, explain why not: N/A

**III. PARTIES:**

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any)

- A. **Name of plaintiff: Morris Rucker #104116**  
**Address: South Central Correctional Center**  
**PO Box 279**  
**Clifton, TN 38425**

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C for the names, position, and places of employment of any additional defendants.)

- B. Defendant: **Cherry Lindamood, Warden, et al**
- C. Additional Defendants: **SCCC Nurse Franks, Jane Doe Nurses, Centennial Med. Ctr Employees, Dr. Ron Wilson, Corizion Med Services**

**IV. STATEMENT OF YOUR CLAIM:**

State here as briefly as possible, the facts of your case.  
See **Appendix A, Exhibit 1.**

**V. RELIEF:**

State briefly exactly what you want the court to do for you.

The Plaintiff seeks immediate health care and provided appropriate/effective medications; that Dr. Coble's orders be re-instated and strictly enforced, including renewal of all medications. That Nurse Franks abusive treatment of the Plaintiff be investigated and the appropriate action be taken against her and all other Defendant's; He seeks injuction relief from any further prosecution or retaliatory action from SCCC Officials due to the filing of this complaint; moreover, he seeks any compensatory and punitive damages for pain and suffering,

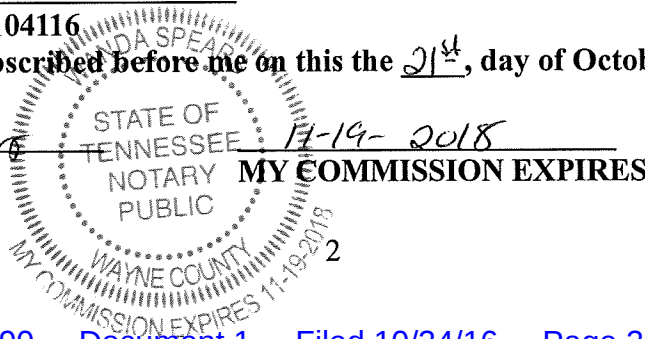
I, hereby certify under penalty of perjury that the above petition is true to the best of my information, knowledge, and belief.

Morris Rucker

**Morris Rucker #104116**

Sworn to and subscribed before me on this the 21<sup>st</sup>, day of October 2016.

Wanda Spear  
**NOTARY PUBLIC**



### **CERTIFICATE OF SERVICE**

I, hereby certify that the foregoing Petition has been given to the SCCC prison mailroom authorities; via: U.S. Mail prepaid, on the 21 day of October 2016 being mailed to:

**Clerk of Court**

**Keith Throckmorton**

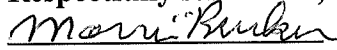
**ph 615-736-2364**

**801 Broadway Rm 800**

**U. S. Courthouse**

**Nashville, TN 37203**

**Respectfully submitted,**



**Morris Rucker #104116**

## **APPENDIX A**

## **EXHIBIT 1**

September 13, 2016

Tenn. Dept. of Corrections  
SCCC Health Services Administrator

GARNER

Re: Complaint affidavit involving investigation of SCCC medical staff misconduct

Dear Health Services Administrator:

I, Morris Rucker #104116, after being duly affirmed in accordance with the law, in support of said complaint states the following to-wit:

**CASE IDENTIFYING INFORMATION**

Mailing Address of Petitioner:	Morris Rucker #104116
Place of Confinement:	South Central Correctional Center PO Box 279/555 Forrest Avenue Clifton, TN 38425-0279

This complaint derives from incompetent and gross negligence in the performance of duties relating to SCCC Medical Staff acts of negligence, deliberate indifference and inadequate procedure practices in dealing with complainant prisoner and other prisoners. Specifically, on July 11, 2016, this complainant did see a pulmonary physician specialist at Meharry Hospital Clinical Services in Nashville, Tennessee. It should be noted that I was diagnosed with COPD asthma in 2014 by the same The same The pulmonary physician specialist's recommendation was to continue spirva advir ventolin inhalers and breathing treatment 3x's per day as needed. It should be noted, that I was diagnosed with COPD asthma in 2014 by the same pulmonary physician specialist at Meharry Hospital Clinical Services in Nashville, Tennessee.

On this July 2016 date, the pulmonary physician specialist recommended I was to continue spirva, advair, ventolin inhalers and breathing treatment 3x's per day as needed. This treatment plan has worked favorably. However, on July 16, 2016 my spirva inhaler ran out and I had to do breathing treatment in place of spirva inhaler. I spoke to SCCC Nurse Keeon and inquired as to when she

anticipated the spriva would be refilled. She informed me that it could take up to 3 weeks because Corporate Office had to approve it. This has proven to be an ongoing problem – the delay in getting a medication refill – extended wait until the Corporate Office approves refilling my inhaler prescription. It places me at a severe hardship because I have to result to using breathing treatment instead of the more effective medical inhaler.

On or about July 22, 2016 all of my medications were depleted and run out. Nurse Practitioner Frank told Nurse Robertson that my medications were intentionally not renewed. I took the statement to mean that Nurse Frank was discriminating against me. As a consequence, I have made complaints about how I have been unfairly treated; that I am uncomfortable with Nurse Frank's handling of my medical condition and her unprofessionalism in that she slanders my character by making derogatory comments about me.

On July 28, 2016, Nurse Practitioner Frank issued an order directing the other nurses not to give me a breathing treatment unless my oxygen level fell below 90. This directive is in direct contradiction to what the specialist recommended. Instead, per the specialist's recommendation, all nurses are to check my vital signs, listen to my lungs to determine if I am wheezing. Nurse Frank's has told the other nurses that I am only faking to have shortness of breath; that I am using too much medication in the nebulizer. Again, Nurse Frank's conduct and actions are in direct contravention to the specialist's recommendation. My problems have elevated with her changing the specialist's orders.

I contend that Nurse Frank's actions are negligent and discriminatory due to my race.

My claim can be further validated by the fact that on May 5, 2016, I was placed in the clinic for observation. I was having an extremely difficult time breathing, experiencing shortness of breath, wheezing, coughing, and consequently given breathing treatment. It should be noted, that I did not have the right inhaler. The whole experience was life-threatening and I thought I was going to die.

Furthermore, on July 17, 2016, I did file a Title 6 Complaint against Nurse McClain. I indicated she was very disrespectful to me. She called me a boy. At approximately 9:50 AM at the med window,

Nurse McClain was upset with me because she had to watch me while I used my three – incuse, spiriva and atrovent inhalers. Nurse McClain said, “if you would take your meds like you are suppose to, “boy” I wouldn't have to watch you.” This isn't the first complaint that I have filed against Nurse McClain. I have filed two. And both complaints have come up mysteriously missing. I contend I'm being denied access to the grievance procedure; that my missing complaints are reprisals and retaliation against me for filing the complaint. Moreover, I am thereby forced me to continue to see seek medical service from inferior nurses who are abusive, incompetent and neglectful. I am prejudiced by the circumstances and placed at a severe disadvantage because my medical condition is life-threatening.

Furthermore, on May 29, 2016, I was placed in the clinic for observation. I was having a hard time breathing; I was coughing and wheezing. I explained to Nurse Harville that the incuse inhaler was not helping me. I was given a breathing treatment in place of the inhaler. Nurse Frank was on call and her orders were to not give me a rescued inhaler. This order demonstrates that Nurse Frank was trying to kill me.

Furthermore, on June 1, 2016 I was examined by Dr. Coble and prescribed to be given a rescued inhaler. Dr. Coble orders were that he did not want me to be without a rescued inhaler.

On July 27, 2016 Nurse Frank defied Dr. Coble's orders and refused to renew my blood pressure medications.

On August 2, 2016 Nurse Franks during sick-call, put on some medications that have interfered with my bowels; constipated me. She also refused to renew my breathing med singler.

This Complainant has numerous circumstances that clearly validate his claim. See **Attached hereto as Appendix A, at Exhibit 1.**

I contend that the SCCC medical staff referenced above and in Exhibit 1 have failed to address my serious medical needs; that such failure rises to the level of a constitutional violations meeting both objective and subjective requirements. See Farmer v. Brennan, 511 U.S. 825, 833, 114 S. Ct. 1970, 128 L. Ed. 2d 811 (1994)



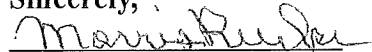
SCCC medical staff, have failed to protect me from risk of harm. I have shown the existence of a 'sufficiently serious' medical need." **Blackmore v. Kalamazoo County**, 390 F.3d 890, 895 (6th Cir. 2004). I contend that SCCC medical staff have acted with "deliberate indifference" to my serious medical need.

Applying the wisdom of **Farmer and Blackmore** to my complaint, I'm requesting that the credible evidence of this complaint and exhibit support an inference that I have, indeed, received less than satisfactory care for my breathing-medical-condition. In addition, I'm specifically requesting that Dr. Coble's orders be re-instated and strickly enforced, including renewal of all medications. And that this SCCC Health Service Administrator should immediately take the appropriate action to overcome and protect me from risk of harm.

Please review my complaint, medical records, and provide me your prompt and written communication concerning this matter.

Thank you for your time and consideration in facilitating the above request.

Sincerely,



Morris Rucker #104116

CA 120

CC: Tenn. Dept. of Corrections  
Commissioner Tony Parker

618



# MEMO

Inmate Name: Morris Jackson TDOC Number: 104116  
Institution: SCA Housing Unit: CA-120  
Institution Grievance Number: 27830 TOMIS Grievance Number: 303897

## Commissioner's Response and Reasons:

The response of the Committee is appropriate.

The grievant failed to substantiate allegation(s) presented to the satisfaction of the Grievance Committee. Additional information has not been presented which indicates the Level 2 response was inappropriate.

☒ Concur with Warden    ☐ Concur with Supervisor    ☒ Appeal Denied

8-15-16  
Date

[Signature]  
Deputy Commissioner of Operations

TP-10

SEP 07 2016  
BY: [Signature]

Department of Correction • 6<sup>th</sup> Floor Rachel Jackson Building • 320 Sixth Avenue North •  
Nashville, TN 37243 • Tel: 615-253-8180 • Fax: 615-253-1668 • tn.gov/Correction

# **GRIEVANCE HEARING SUMMARY**

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**DATE:** July 26, 2016    **Grievance #:** 303893-23830

**Grievant:**    I/m Rucker, Morris #104116

<b>Present:</b>	<b>Gina Gonzales</b>	<b>Alt. Grievance Coordinator</b>
	<b>Ashlee Wheeler</b>	<b>Staff Board Member</b>
	<b>Deborah Garner</b>	<b>Staff Board Member</b>
	<b>I/m Pence #507863</b>	<b>I/m Board Member</b>
	<b>I/m Merritt #485997</b>	<b>I/m Board Member</b>
	<b>I/m Ridley #202670</b>	<b>I/m Grievance Clerk</b>

**Grievant enters:** The Chairperson read the grievance, the Supervisor's response and Grievant's requested solution. Procedures were explained.

**This complaint on:**  
Sgt. Staggs refuses to process grievance.

**Grievant comments:**  
Inmate stated that he is still looking for a grievance he submitted on 4/28/6 on the medical dept. Stated that he also sent the grievance to the Commissioner's office.

**Board Questions:**  
Q. – Have you had any problems with your previous grievances being processed?  
A. – Yes.

Hearing was concluded.



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE

Reg/ SST  
Deatherage

MORRIS RUCKER 104116 SCCE CA120  
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: That Chairperson Leigh Staggs Adjuncts  
ARE CONSPIRING TO VIOLATE MY DUE PROCESS. That on  
7-5-16 I RECEIVE INFORMATION FROM Chairperson Staggs

REQUESTED SOLUTION: WARDEN will have Chairperson Leigh Staggs  
PRODUCE MY MISSING GRIEVANCE, I do have COPIES OF  
them IF THE WARDEN would like to SEE them

Morris Rucker 7-7-16  
Signature of Grievant Date

TO BE COMPLETED BY GRIEVANCE CLERK

23839/303893 7-8-16 [Signature]  
Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION: New Due Date Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: Grievance in question was  
returned to Im on 5-20-16 & was not resubmitted  
Im has filed numerous grievances on the same  
issue. Sco Staggs has performed her duties correctly  
Chairperson's Response and Reason(s):

DATE: 7/14/16 CHAIRPERSON: [Signature]

Do you wish to appeal this response? X YES NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Morris Rucker 7-18-16 [Signature]  
GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM: That I had no other GRIEVANCE in her OFFICE Except what was sent to the Commissioner OFFICE.

That Im Missing to G-RIVANCE, DELIBERATE AND WILLFUL DENIAL OF MEDICAL TREATMENT

That I File one it was sent to the G-RIVANCE OFFICE, I didnt hear anything with in a week and I ask Chairperson Leigh StaggS IF She had receive my GRIEVANCE

That I sent the SAME GRIEVANCE to WARDEN Dobb,

That came From Commissioner Woodall, with Instruction to Follow GRIEVANCE Prowder, I did this twice and the GRIEVANCE is Missing.

Distribution Upon Final Resolution:

White - Inmate Grievant, Canary - Warden, Pink - Grievance Committee, Goldendrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION

RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

Reg/SST  
Deatherage

DATE: 7-8-16

Please respond to the attached grievance, indicating any action taken.

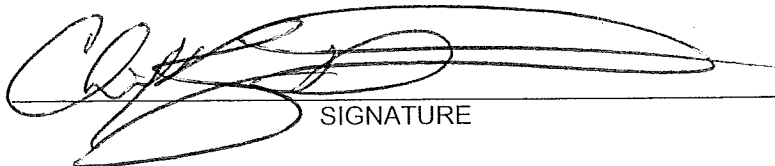
Date Due: 7-13-16

303893/23830  
Grievance Number

Rucker, Morris  
Inmate Name

104116  
Inmate Number

The grievance in question has been filed several times also the inmate attempted to have more than one grievance at level one. Shoo Steggs has performed her duties correctly.

  
SIGNATURE

7-12-16  
DATE



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE RESPONSE

Reg 1557  
Deathravage

Morris Rucker 104116 SCCF CA-120 23830/323893  
NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Grievance requested solution  
and supervisor response was read.

Inmate Grievance Committee's Response and Reasons board recommends/concurs with  
Supervisor's response; needs to start @ first level  
with chairperson not @ Commissioner level first

7/26/16 [Signature] Tawane Merritt  
DATE CHAIRMAN MEMBER  
Zachary Pence Deborah Bamer [Signature], ATC  
MEMBER MEMBER MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken: \_\_\_\_\_

DATE: 7-28-16 WARDEN'S SIGNATURE: [Signature]  
Do you wish to appeal this response? X YES NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

Morris Rucker 8-2-16 George Merson  
GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

DATE

SIGNATURE

Distribution Upon Final Resolution:

Case 1:16-cv-00090 Document 1 Filed 10/24/16 Page 15 of 41 PageID #: 15



WARDEN Dodd,

CCA, SECF,

7-8-16

I MORRIS RUCKER #104116, write to you  
BECAUSE OF A GRIEVANCE THAT I FILE  
TWICE AND BOTH ARE MISSING.

THAT THE GRIEVANCE WAS FILED ON 4-28-16,  
DELIBERATE AND WILLFUL DENIAL OF MEDICAL  
TREATMENT, AGAINST NURSE MAY, NURSE  
McCLAIN,

I COULD HAVE LOST MY LIFE, THEY REFUSED  
TO TREAT ME FOR OVER AN HOUR.

THAT I FILED ONE GRIEVANCE AND I NEVER  
HEARD ANYTHING WITH IN A WEEK AND I  
MADE A COPY OF IT, BE FOR SENDING IT TO  
THE GRIEVANCE OFFICE.

THAT I FILE A SECOND GRIEVANCE AND  
SENT IT TO COMMISSIONER, WOODALL HE  
SENT IT BACK TO ME INSTRUCTING ME TO  
FOLLOW GRIEVANCE PROCEDURE I DID  
THAT TWICE, AND THERE STILL <sup>WAS</sup> NO RECORD OF  
MY GRIEVANCE.



That WARDEN Dodd, I SENT EVERY thing  
that Commissioner Woodall, SENT ME to  
YOUR OFFICE,

That GRIEVANCE Chair PERSON Leigh Staggs,  
is Violating TDOC Policy and PROCEDURE  
my DUE PROCESS is being Violated I did  
turn the GRIEVANCE in to Chair PERSON Staggs,

That I don't FEEL SAFE here and I don't  
trust the medical STAFF here,

That some time OFFICER'S and Medical  
STAFF make me wait up to six hour or  
longer FOR medical treatment.

That I have had some close calls when  
I thought that I was going to lose  
my life.

Thank you  
M. Rucker 104116  
SCF.

Commissioner Woodall,

7-5-16

VIOLATION OF GRIEVANCE PROCEDURE  
TDOC DUE PROCESS VIOLATION  
GRIEVANCE CHAIR PERSON LEIGH STAGGS,

I MORRIS RUCKER <sup>AT</sup> 10/11/16, write to you  
BECAUSE GRIEVANCE PROCEDURE TDOC Policy  
ARE NOT BEING FOLLOW BY SCCF OFFICIAL AND  
STAFF.

Commissioner I sent you a GRIEVANCE  
ON OR ABOUT 5-20-16, BECAUSE GRIEVANCE  
CHAIR PERSON LEIGH STAGGS HAVE REFUSED  
TO PROCESS MY GRIEVANCE, FOR DELIBERATE AND  
WILLFUL DENIAL OF MEDICAL TREATMENT.  
DATE 4-28-16,

THAT THE GRIEVANCE WAS RETURNED BACK TO  
ME FROM YOUR OFFICE, STATING THAT NO  
FURTHER ACTION WOULD BE TAKEN, BECAUSE  
GRIEVANCE PROCEDURE <sup>WAS</sup> NOT BEING FOLLOW.

I FOLLOW TDOC Policy AND PROCEDURE  
AND I PUT THE GRIEVANCE IN THE GRIEVANCE  
BOX THE FIRST TIME AND THE SECOND TIME,

That I sent the Grievance to Warden Dodd, because I knew he would send it to Chairperson Staggs Office,

That I was left laying in the floor in the waiting room for over an hour by Nurse May, Nurse McClain,

That I was out side of medical on the ground from passing out, when Sgt Hunt, and other Officer's help me get up from off the ground.

That Nurse McClain was hollowing out of the med window telling the Officer's not to help me that I was only faking.

That I did ask for TDOC to view the camera,

That Nurse Mills, was the only nurse who help me, why Officer Naper, Officer Edward, watched, Nurse Mills did give a statement about the condition she found me in,

That HSA PADEN, KNEW about the Incident that happen on 4-28-16. because I REPORTIE it to her,

That her RESPONSE was there was two EMERGENCY at approx 5:00 PM, ONE EMERGENCY WAS ME AND I got no help FROM A NURSE,

That I have been PLACE in the Clinic twice FOR COMPLICATION OF BEING PRESCRIBE A DIFFERENT INHALER, INUSE than what the SPECIALIST had PRESCRIBE

That I WAS PLACE in the Clinic on 5-6-16, to 5-10-16, FOR OBSERVATION

That I WAS PLACE in the Clinic on 5-29-16 to 6-1-16 FOR OBSERVATION.

Thank YOU

M. Rucker #104116

SCCF



TENNESSEE DEPARTMENT OF CORRECTION

INAPPROPRIATE GRIEVANCE NOTIFICATION

To: RUCKER, MORRIS 104116 CA-120  
 INMATE NAME (Printed ) TDOC NUMBER HOUSING UNIT

FROM: Leigh Staggs , Grievance Chairperson

DATE: June 27, 2016

SUBJECT: Medical

THIS GRIEVANCE IS INAPPROPRIATE TO THE GRIEVANCE PROCEDURE. Your Grievance is being returned to you due to the following reason(s):

1. Disciplinary matters are inappropriate to the Grievance Procedure. [Policy #501.01 VI.(H)(1)]
2. Appealing decisions or actions of any agency outside the Tennessee Department of Correction (TDOC) is inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(2)]
3. Classification matters/institutional placement are inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(3)]
4. Appealing or seeking review of sentence credits. [Policy #501.01 VI.(H)(4)]
5. Grievance Procedure cannot award monetary compensation for injuries or property loss. [Policy #501.01 VI.(H)(5)]
6. Addressing questions regarding sentence structures. [Policy #501.01 VI.(H)(6)]
7. Visitor's behavior which results in disciplinary action. [Policy #501.01 VI.(H)(7)]
8. A diagnosis by medical professionals and medical co-pay is inappropriate. [Policy #501.01 VI.(H)(8)]
9. Security Threat Group (STG) Placement. [Policy #501.01 VI.(H)(9)]
10. Mail rejection. [Policy #501.01 VI.(H)(10)]
11. You have already filed a grievance on this issue. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident. [Policy #501.01 VI.(I)(1)]
12. Abuse of Grievance Procedure. You can only have one grievance pending at Level 1 for review. [Policy #501.01 VI.(I)(2)]
13. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted. Threats may result in disciplinary action. [Policy #501.01 VI.(I)(3)]
14. Grievances must be filed within seven calendar days of the occurrence giving rise to the grievance. A complaint shall not address multiple issues. [Policy #501.01 VI.(C)(1)]

THIS GRIEVANCE IS UNABLE TO BE PROCESSED DUE TO YOU NOT FOLLOWING POLICY. Grievance forms not properly completed or contain insufficient information for processing shall be returned to the Inmate with instructions as to proper completion. [Policy #501.01 VI.(C)(1)] Your grievance is being returned to you due to the following reason(s):

1. No specific details, i.e. dates, times, names of persons involved as mandated in *Inmate Grievance Handbook*, Page 7, First Level of Review.
2. You did not: a) Sign and date, and/or b) state your "Requested Solution"
3. Grievance shall be submitted on Form CR-1394 pages 1 and 2. All copies must be legible and intact. [Policy #501.01 VI.(C)(1)]
4. \_\_\_\_\_

**Reminder:** You have SEVEN CALENDAR DAYS FROM THE DATE THE INCIDENT OCCURRED to submit a grievance. If you are still interested in filing this grievance, please make the necessary corrections and return to Grievance Office for further processing immediately. If you would like to appeal this response, sign the bottom of your grievance, check "yes" then date it and place (with this coversheet) back in the grievance box. If you have any questions regarding this memo, please have your Unit Officer contact me at Ext. \_\_\_\_\_ to schedule an appointment. TDOC Policy and Procedure are available in the library.

SCO Leigh Staggs  
 Grievance Chairperson





TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE

MORRIS RUCKER 104116 SCCF CA120  
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: DELIBERATE AND WILLFUL DENIAL OF NECESSARY  
MEDICAL TREATMENT, ON THE ABOVE DATE 6-23-16 AT  
APPROX 2:15pm, IN MEDICAL, NURSE YOUNG STATE THAT

REQUESTED SOLUTION: I ASK NURSE YOUNG TO REFER ME TO DR. POBLE  
THAT HE IS THE ONE WHO ORDER MY INHALER, THE NURSE IN  
STAFF KEEP PLACING MY LIFE IN DANGER, IF YOU ALL DON'T

Morris Rucker 6-27-16  
Signature of Grievant Date

=====

TO BE COMPLETED BY GRIEVANCE CLERK

\_\_\_\_\_  
Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date Signature of Grievant

=====

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): \_\_\_\_\_

DATE: \_\_\_\_\_ CHAIRPERSON: \_\_\_\_\_

Do you wish to appeal this response? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

\_\_\_\_\_  
GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:



TENNESSEE DEPARTMENT OF CORRECTION

INAPPROPRIATE GRIEVANCE NOTIFICATION

To: RUCKER, MORRIS 104116 CB-128  
INMATE NAME (Printed) TDOC NUMBER HOUSING UNIT

FROM: Leigh Staggs, Grievance Chairperson

DATE: May 19, 2016

SUBJECT: Medical staff

**THIS GRIEVANCE IS INAPPROPRIATE TO THE GRIEVANCE PROCEDURE.** Your Grievance is being returned to you due to the following reason(s):

1. Disciplinary matters are inappropriate to the Grievance Procedure. [Policy #501.01 VI.(H)(1)]
2. Appealing decisions or actions of any agency outside the Tennessee Department of Correction (TDOC) is inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(2)]
3. Classification matters/institutional placement are inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(3)]
4. Appealing or seeking review of sentence credits. [Policy #501.01 VI.(H)(4)]
5. Grievance Procedure cannot award monetary compensation for injuries or property loss. [Policy #501.01 VI.(H)(5)]
6. Addressing questions regarding sentence structures. [Policy #501.01 VI.(H)(6)]
7. Visitor's behavior which results in disciplinary action. [Policy #501.01 VI.(H)(7)]
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11. You have already filed a grievance on this issue. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident. [Policy #501.01 VI.(I)(1)]
12. Abuse of Grievance Procedure. You can only have one grievance pending at Level 1 for review. [Policy #501.01 VI.(I)(2)]
13. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted. Threats may result in disciplinary action. [Policy #501.01 VI.(I)(3)]
14. Grievances must be filed within seven calendar days of the occurrence giving rise to the grievance. A complaint shall not address multiple issues. [Policy #501.01 VI.(C)(1)]

**THIS GRIEVANCE IS UNABLE TO BE PROCESSED DUE TO YOU NOT FOLLOWING POLICY.** Grievance forms not properly completed or contain insufficient information for processing shall be returned to the Inmate with instructions as to proper completion. [Policy #501.01 VI.(C)(1)] Your grievance is being returned to you due to the following reason(s):

1. No specific details, i.e. dates, times, names of persons involved as mandated in *Inmate Grievance Handbook*, Page 7, First Level of Review.
2. You did not: a) Sign and date, and/or b) state your "Requested Solution"
3. Grievance shall be submitted on Form CR-1394 pages 1 and 2. All copies must be legible and intact. [Policy #501.01 VI.(C)(1)]

4. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reminder:** You have **SEVEN CALENDAR DAYS FROM THE DATE THE INCIDENT OCCURRED** to submit a grievance. If you are still interested in filing this grievance, please make the necessary corrections and return to Grievance Office for further processing immediately. If you would like to appeal this response, sign the bottom of your grievance, check "yes" then date it and place (with this coversheet) back in the grievance box. If you have any questions regarding this memo, please have your Unit Officer contact me at Ext. \_\_\_\_\_ to schedule an appointment. TDOC Policy and Procedure are available in the library.



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE

MORRIS RUCKER 104116 SCCF CB128  
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: TITLE VI COMPLAINT, ON THE ABOVE DATE  
5-17-16 AT APPROX 9:50 AM, AT THE MED WINDOW  
NURSE McCLAIN, WAS USING DISRESPECTFUL WORDS.

REQUESTED SOLUTION: THAT IM NOTHER BOY AND AT NO TIME WAS  
DISRESPECTFUL TOWARD NURSE McCLAIN. THAT SHE BE  
TERMINATED FROM WORKING HERE,

Morris Rucker 5-17-16  
Signature of Grievant Date

=====

TO BE COMPLETED BY GRIEVANCE CLERK

\_\_\_\_\_  
Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date Signature of Grievant

=====

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): \_\_\_\_\_

DATE: \_\_\_\_\_ CHAIRPERSON: \_\_\_\_\_

Do you wish to appeal this response? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

\_\_\_\_\_  
GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:





TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

(continuation sheet)

DESCRIPTION OF PROBLEM: NURSE McClain, WAS GIVEING ME MY MEDS. SAYING YOU NEED TO LISTEN BOY AND IF YOU WAS TAKEING YOUR MEDS RIGHT DOSE BY DOSE I WOULDN'T HAVE TO WATCH YOU,

THAT NURSE McCLAIN WAS DISRESPECTFUL, UNPROFESSIONAL SHE WAS UPSET AT ME BECAUSE SHE HAD TO WATCH ME TAKE MY MEDS,

NURSE McCLAIN CONTINUE TO TALK AT ME SAYING DISRESPECTFUL THINGS, IM TALKING TO YOU BOY,

I WASN'T SURE OF HER LAST WORDS AND I ASK HER WHAT DID YOU SAY, NURSE McCLAIN WOULDN'T REPEAT IT.



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM: IF I don't see the NP FRANKS I wouldn't get my MEDS RENEW,

That I explain to NURSE Young, that NP FRANKS had put my LIFE IN DANGER twice, she had REFUSED to give me a RECUSE INHALER FOR OVER 3 days,

That she had REFUSED to ORDER my INHALER FOR OVER A MONTH,

That she have said UNPROFESSIONAL thing about my HEALTH to other STAFF AND NURSES,

CONTINUE FROM PAGE 1 OF 2.

Want to treat me send me to another PRISON.  
That the NP FRANK will NEVER treat me as good as I'm at this PRISON.

499



Department of  
Correction

# MEMO

Inmate Name: Marcus Ruckman TDOC Number: 104116  
Institution: SCF Housing Unit: ~~6B116~~  
Institution Grievance Number: 23652 TOMIS Grievance Number: 362053

CA  
180

## Commissioner's Response and Reasons:

The Director of Health Services has reviewed the grievance and:

☐ Concur with Warden ☒ Concur with Supervisor ☐ Concur with Committee

6-16-16  
Date

[Signature]  
Deputy Commissioner of Operations

DS-19

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OCT 06 2016



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE RESPONSE

INP/HSV  
Paden

116

Morris Rucker  
NAME

104116  
NUMBER

SCCF CB +28  
INSTITUTION & UNIT

23652/302053  
GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee \_\_\_\_\_

Inmate Grievance Committee's Response and Reasons Inappropriate per Policy 501.01  
Sec VI H-8 Medical Diagnosis

5-26-16  
DATE

Sgt Stagg  
CHAIRMAN

MEMBER

MEMBER

MEMBER

MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken: \_\_\_\_\_

DATE: 5-31-16

WARDEN'S SIGNATURE: C Lindamood

Do you wish to appeal this response? YES

YES

NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

Morris Rucker  
GRIEVANT

6-2-16  
DATE

George Mason  
WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner



INPHSV  
Paden

TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE

MORRIS RUCKER  
NAME

104116  
NUMBER

116  
SCCF CB-728  
INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: DELIBERATE INDIFFERENT TO A SERIOUS MEDICAL NEED, ON THE ABOVE DATE 4-18-16, AT APPROX 8:15 AM AT THE MED WINDOW, NURSE KEETON, INFORM THAT MY ADVAIR WAS

REQUESTED SOLUTION: TO CHANGE OR REDUCE <sup>AMOUNT</sup> OF MY INHALERS, DR. COBLE, WILL HAVE TO SEND ME TO SEE A CERTIFIED PULMONARY PHYSICIAN AT MENARRY HOSPITAL CLINICAL SERVICES.

Morris Rucker  
Signature of Grievant

4-25-16  
Date

TO BE COMPLETED BY GRIEVANCE CLERK

23652/302053  
Grievance Number

5-19-16  
Date Received

Sgt Stages  
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: Upon chart review a request was sent to corporate for Alvesco & it was denied. They suggested the current medication be increased.

Chairperson's Response and Reason(s): Inappropriate per Policy 501.01 Sec VI H-8 medical diagnosis.

DATE: 5-24-16 CHAIRPERSON: Sgt Stages

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Morris Rucker  
GRIEVANT

5-25-16  
DATE

George Mason  
WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)

Case 1:16-cv-00090

Document 1

Filed 10/24/16

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Page 1 of 2

RDA 2244

5-3-16



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE      (continuation sheet)

DESCRIPTION OF PROBLEM: CHANGED FROM TWICE A DAY TO ONCE A DAY BY  
DR COBLE, MY ADVAIR IS TO BE USED TWICE A DAY, EVERY 12 HOURS. ME  
I WAS PUT ON THIS MED BY A SPECIALIST, AND OTHER MEDS  
ATROVENT, SPIRIVA, ALL ARE INHALER, AND VENTOLIN,

I NEED THE MEDS TO HELP ME BREATHE, TO INTERFERE  
WITH MY BREATHING MEDS CAN CAUSE ME TO LOSE MY LIFE.

THAT I WAS OUT OF ADVAIR ON 4-22-16, I'M HAVING A HARD  
TIME BREATHING, I GET SHORTNESS OF BREATH FROM DOING SIMPLE  
THING, SHOWER, TIEING MY SHOES, WALKING ANY DISTANCE, I  
EXPERIENCE SHORTNESS OF BREATH,

THAT I SIGN SICK CALL ON 4-14-16,  
4-14-16, MEDICAL STAFF DR. COBLE, N.P. NURSES, DON'T TAKE  
MY HEALTH PROBLEMS SERIOUS.



TENNESSEE DEPARTMENT OF CORRECTION  
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

INT/HSV  
Paden

DATE: 5-19-16

Please respond to the attached grievance, indicating any action taken.

Date Due: 5-24-16

302053/23652  
Grievance Number

Rucker, Morris  
Inmate Name

104116  
Inmate Number

After chart review, it appears on 4/25/16 a request was sent to corporate requesting alvesco 160 mg BID. They denied the request and suggested increase eHipta instead. This is the medication that is currently being given. If this medication is not beneficial please sign up to see a provider in order to possibly switch to a different inhaler which ~~benefit~~ is more beneficial.

A. Paden RN, CNS  
SIGNATURE

5/23/16  
DATE



WARDEN Linda Mood,

4-26-16

I MORRIS RUCKER 104116, CB128, WRITE TO YOU BECAUSE, GRIEVANCE CHAIRPERSON LEIGH STAGG, HAVE REFUSED TO PROCESS 5 OF MY GRIEVANCE FROM 12-30-15- TO LATEST, 4-25-16,

GRIEVANCE CHAIRPERSON. LEIGH STAGG, SAY POLICY 501.01, IS INAPPROPRIATE TO BE HEARD.

WARDEN, AS YOU CAN SEE, THIS GRIEVANCE HAS NEVER BEEN PROCESS NOR HAVE A SUPERVISOR RESPONSE BEEN ACKNOWLEDGE.

WARDEN YOU HAVE NEVER RESPONDED TO THIS, LEIGH STAGGS, IS VIOLATION OF TDOC POLICY. IT HAS FILING NUMBER, ITS A DUE PROCESS VIOLATION.

THANK YOU

MORRIS RUCKER 104116

CB128

M. Rucker 104116



FIRST GRIEVANCE.  
File on 4-28-16



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE

MORRIS RUCKER  
NAME

104116  
NUMBER

SCCF CB128  
INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: ON THE ABOVE DATE 4-28-16 AT APPROX 5:00 PM.  
WHEN I GOT TO MEDICAL FOR MY BREATHING TREATMENT, OFFICER  
NAPER, TOLD ME TO WAIT, I EXPLAINED TO HER, I WAS HAVING A HARD

REQUESTED SOLUTION: NURSE MILLS CAME IN AFTER 6:00 PM AND HELP ME  
I ASK THE WARDEN TO VIEW THE CAMERA, YOU WILL SEE  
NURSE MAYES, AND OTHER NURSES, REFUSED TO GIVE ME MEDICAL HELP.

Morris Rucker  
Signature of Grievant

4-28-16  
Date

=====

TO BE COMPLETED BY GRIEVANCE CLERK

\_\_\_\_\_  
Grievance Number

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_

\_\_\_\_\_  
New Due Date

\_\_\_\_\_  
Signature of Grievant

=====

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

\_\_\_\_\_  
Chairperson's Response and Reason(s): \_\_\_\_\_

DATE: \_\_\_\_\_

CHAIRPERSON: \_\_\_\_\_

Do you wish to appeal this response? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

\_\_\_\_\_  
GRIEVANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE      (continuation sheet)

DESCRIPTION OF PROBLEM: time Breathing, I laid down outside and I  
was brout in medical and put in the waiting room for  
over a hour in the floor, nurse mayes and another nurse  
name is unknown refuse to treat me, the nurse name  
unknown was telling the officer that nothing was wrong  
with me not to help me get up.



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE

MORRIS RUCKER 104116 SCCF CA 120  
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: DELIBERATE AND WILLFUL DENIAL OF MEDICAL TREATMENT by NURSE MAY, NURSE McCLAIN, on the ABOVE DATE 4-28-16, AT APPROX 5:00 PM when I got to

REQUESTED SOLUTION: I ASK the WARDEN and TDOC to view the CAMERA, NURSE McCLAIN, NURSE MAY, did nothing to help me

Morris Rucker 4-28-16  
Signature of Grievant Date

=====

TO BE COMPLETED BY GRIEVANCE CLERK

Grievance Number

Date Received

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date Signature of Grievant

=====

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): \_\_\_\_\_

DATE: \_\_\_\_\_ CHAIRPERSON: \_\_\_\_\_

Do you wish to appeal this response? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT

DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

(continuation sheet)

DESCRIPTION OF PROBLEM: Medical For my Breathing treatment OFFICER NAPER, told me to wait I explain to her that I was having a hard time breathing that I need a nurse,

I was holding on to the front door and when it open I kept it open getting some air when I came to I was on the ground outside of Medical,

When I came Sgt Hunt, and two more officers was helping me get air.

I heard Nurse McClain, hollering out of the Med, window telling the officers not to help me get up that I was only faking that I could walk.

I went back in Medical in the waiting room and laid in the floor for over an hour.

I was help up by Nurse Mills, after 6:00 PM she said Rucker come on for your breathing treatment, Nurse Mills said I will help you get up why other officer stood and watch.

Nurse Mills, did give a statement about the incident to HSA, Paden.



INMATE GRIEVANCE

INP/HSV  
Jamerson

MORRIS RUCKER 104116 SCCF CB 214  
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: DELIBERATE AND WILLFUL DENIAL OF NECESSARY MEDICAL ADJUNCTS BY NSA JAMERSON AND DR. COBLE. ALL OF THESE INDIVIDUALS WERE INFORMED BY ME THAT I NEEDED A

REQUESTED SOLUTION: OBTAIN AND ISSUE TO ME A NEW CPAP. NEBULIZER BREATHING MACHINE WITHIN 14 BUSINESS DAYS OF THE SUBMISSION OF THIS GRIEVANCE AND DO NOT MALICIOUSLY RETALIATE.

Morris Rucker 3-1-16  
Signature of Grievant Date

TO BE COMPLETED BY GRIEVANCE CLERK

23450/299206 3-2-16 Sco Stagg  
Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION: New Due Date Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: Mr. Rucker you would have to be deemed by a provider to have CPAP machine. Go through sick call for issue: Medical is aware of breathing treatments

Chairperson's Response and Reason(s): Concur w/ supervisors response

DATE: 3/18/16 CHAIRPERSON: [Signature]  
Do you wish to appeal this response? X YES NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Morris Rucker 3-25-16 C. R. [Signature]  
GRIEVANT DATE WITNESS



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM: CPAP BREATHING MACHINE DUE TO MY SERIOUS COPD AND Asthma ESPECIALLY AT NIGHT AND DOING LOCKDOWNS. NSA JAMERSON EXCUSE WAS? "ALL INMATES HAVE ACCESS TO APPROPRIATE LEVELS OF HEALTH CARE ON A 24-HOUR A DAY BASIS, AND THERE IS A 300 OR 500 DOLLARS FEE WHEN I NEED MEDICAL EMERGENCY."

I AM REQUESTING/NEED TO SEE A BOARD CERTIFIED PULMONARY PHYSICIAN AT MENARRY HOSPITAL CLINICAL SERVICES IF THERE'S ANY NEED FOR APPROVAL FOR A CPAP BREATHING MACHINE

I FEAR REPRISAL FROM EITHER DR COBLE OR NSA JAMERSON, STAFF OR OTHER EMPLOYEES AT SCCF, WHICH MAY TAKE ANY FORM SUCH AS DENIAL OF MEDICAL SUPPLIES, EQUIPMENT, TREATMENT ETC,

ON 2-24-16, AT APPROX 9:15 AM I WAITED ALMOST 40 MINUTES TO RECEIVE A BREATHING TREATMENT, IN MEDICAL.

ON 2-24-16, AT APPROX 12:00 NOON I WAITED ALMOST 45 MINUTES IN MEDICAL FOR A BREATHING TREATMENT

ON 2-27-16, AT APPROX 8:10 AM I WAITED 1 HOUR AND A HALF TO RECEIVE A BREATHING TREATMENT, AND ON THIS DAY NURSE BANKS WAS THE CHARGE NURSE.

AS ANY LAY PERSON COULD TELL, IT IS DETRIMENTAL TO MY HEALTH TO BE WITHOUT A NEBULIZER FOR BREATHING TREATMENT, AS I HAVE A SERIOUS MEDICAL NEED THAT NSA JAMERSON AND DR COBLE ARE AWARE OF AND OF BEING DELIBERATELY INDIFFERENT TOO.

THOUGH MY CONDITION IS SERIOUS (COPD-ASTHMA) I CONTINUE TO HAVE PROBLEMS DURING LOCKDOWN AND FROM NURSES.

I FEAR REPRISAL FROM STAFF WHICH MAY INCLUDE TREATMENT, MEDICAL SUPPLIES OR EQUIPMENT.





INP/HSV  
Jamerson

TENNESSEE DEPARTMENT OF CORRECTION  
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: 3-7-16

Please respond to the attached grievance, indicating any action taken.

Date Due: 3-7-16

299266/23450  
Grievance Number

Rucker, Morris  
Inmate Name

104116  
Inmate Number

Mr. Rucker, in order for you to have a CPAP machine it must be deemed medically necessary by a provider. You will need to come through sick call and request to be referred to a provider regarding the issue. Regarding breathing treatments, medical staff are aware you are ordered ~~bre~~ treatments as needed. They are instructed to have security bring you to medical and administer the treatment when contacted by officers saying you need your treatment. Continue to use ordered and inhalers and let officers know at the first signs of any distress in order to get you to medical in a timely manner.

Amber Pader EW  
SIGNATURE

3/16/16  
DATE



## TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE RESPONSEJNP/HSV  
JamersonMorris Rucker  
NAME104116  
NUMBERSCCF CB-214  
INSTITUTION & UNIT23450-299266  
GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee

Inmate Grievance Committee's Response and Reasons

Inappropriate per Policy 501.01  
VI (H) (8) Medical Diagnosis3-25-16  
DATESco Stagg  
CHAIRMAN

MEMBER

MEMBER

MEMBER

MEMBER

Warden's Response: Agrees with Proposed Response



Disagrees with Proposed Response



If Disagrees, Reason(s) for Disagreement

Action Taken:

DATE: 3-29-16

WARDEN'S SIGNATURE:

L. J. Smith

Do you wish to appeal this response?

X

YES

NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

Morris Rucker  
GRIEVANT3-31-16  
DATEC. R. Ray  
WITNESS

Commissioner's Response and Reason(s):

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant    Canary -- Warden    Pink -- Grievance Committee    Goldenrod - Commissioner





TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE

MORRIS RUCKER 104116 SECC CB214  
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: TITLE VI RACIAL Discrimination Complaint  
Against Adjuncts, Grievance Chairperson Leigh Stagg  
that on 2-8-16, my GRIEVANCE WAS RETURNED UNPROCESS

REQUESTED SOLUTION: ASK THE WARDEN, TO INVESTIGATE, WHY LEIGH  
STAGGS, REFUSE TO PROCESS MY TWO GRIEVANCE AGAINST THESE  
OFFICERS THAT WAS SENT BACK TO ME UNPROCESS I HAVE THE EVIDENCE

Morris Rucker 2-8-16  
Signature of Grievant Date

=====

TO BE COMPLETED BY GRIEVANCE CLERK

\_\_\_\_\_  
Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date Signature of Grievant

=====

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): \_\_\_\_\_

DATE: \_\_\_\_\_ CHAIRPERSON: \_\_\_\_\_

Do you wish to appeal this response? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

\_\_\_\_\_  
GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

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